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OCT 22 2004

**FAX TRANSMISSION**

DATE: October 22, 2004

PTO IDENTIFIER: Application Number 09/843,560-Conf. #9436  
Patent Number

Inventor: David L. Mallis

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (703) 872-9306

FROM: OSHA &amp; MAY L.L.P.

Jonathan P. Osha

PHONE: (713) 228-8600

Attorney Dkt. #: 09432/168002

PAGES (Including Cover Sheet): 7

**CONTENTS:** Fee Transmittal (1 page);  
Notice of Appeal (2 pages);  
Transmittal (1 page);  
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page);  
Payment by credit card. Form PT(C)-2038 is attached (1 page);  
Certificate of Transmission under 37 CFR 1.8 (1 page); and  
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OSHA &amp; MAY L.L.P.

1221 McKinney St., Suite 2800, Houston, Texas 77010  
Telephone: (713) 228-8800 Facsimile: (713) 228-8778

PTO/SB/97 (12-97)

Approved for use through 9/30/00. OMB 0651-0031

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Date

  
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Typed or printed name of person signing Certificate

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PTO/SB/21 (09-04)

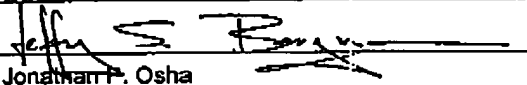
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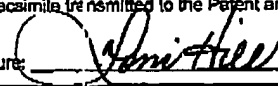
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|  |                      |                        |              |
|--|----------------------|------------------------|--------------|
| <b>TRANSMITTAL<br/>FORM</b><br><br><i>(to be used for all correspondence after initial filing)</i> | Application Number   | 09/843,560-Conf. #9436 |              |
|  | Filing Date          | April 26, 2001         |              |
|  | First Named Inventor |                        |              |
|  | An Unit              | 3729                   |              |
|  | Examiner Name        | A.D. Tugbang           |              |
| Total Number of Pages in This Submission   | 2                    | Attorney Docket Number | 09432/168002 |

| ENCLOSURES (Check all that apply)   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input type="checkbox"/> Amendment/Reply<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input checked="" type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks   |   |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |  |          |        |
|--|--|----------|--------|
| Firm Name                                  | OSHA & MAY L.L.P.  |          |        |
| Signature                                  |  45,525 |          |        |
| Printed name                               | Jonathan P. Osha   |          |        |
| Date                                       | October 22, 2004   | Reg. No. | 33,986 |

|   |  |
|---|--|
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PTO/SB/17 (10-04v2)  
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# FEE TRANSMITTAL for FY 2005

Effective 10/01/2004, Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,320.00

## Complete If Known

Application Number 09/843,560-Conf. #9436  
Filing Date April 23, 2001  
First Named Inventor  
Examiner Name A. D. Tugbang  
Art Unit 3729  
Attorney Docket No. 09432/168002

## METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number

60-0591

Deposit Account Name

Osha &amp; May L.L.P.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☐ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

| Large Entity | Small Entity | Fee Code | Fee (\$) | Fee Description        | Fee Paid |
|--------------|--------------|----------|----------|------------------------|----------|
| 1001         | 2001         | 780      | 295      | Utility filing fee     |          |
| 1002         | 2002         | 350      | 175      | Design filing fee      |          |
| 1003         | 2003         | 590      | 275      | Plant filing fee       |          |
| 1004         | 2004         | 790      | 385      | Reissue filing fee     |          |
| 1005         | 2005         | 160      | 80       | Provisional filing fee |          |

SUBTOTAL (1) (\$) 0.00

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims       | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
| 20                 | 20           |                |          |
| Independent Claims | 3            |                |          |
| Multiple Dependent |              |                |          |

| Large Entity | Small Entity | Fee Code | Fee (\$) | Fee Description   | Fee Paid |
|--------------|--------------|----------|----------|---|----------|
| 1202         | 2202         | 18       | 9        | Claims in excess of 20                                  |          |
| 1201         | 2201         | 88       | 44       | Independent claims in excess of 3                       |          |
| 1203         | 2203         | 300      | 150      | Multiple dependent claim, if not paid                   |          |
| 1204         | 2204         | 88       | 44       | Reissue independent claims over original patent         |          |
| 1205         | 2205         | 18       | 9        | Reissue claims in excess of 20 and over original patent |          |

SUBTOTAL (2) (\$) 0.00

\*or number previously paid, if greater. For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

| Large Entity | Small Entity | Fee Code | Fee (\$) | Fee Description  | Fee Paid |
|--------------|--------------|----------|----------|--|----------|
| 1051         | 2051         | 130      | 65       | Surcharge - late filing fee or oath  |          |
| 1052         | 2052         | 50       | 25       | Surcharge - late provisional filing fee or cover sheet                     |          |
| 1053         | 1053         | 130      | 130      | Non-English specification  |          |
| 1112         | 1812         | 2,620    | 2,520    | For filing a request for ex parte reexamination                            |          |
| 1304         | 1804         | 920*     | 920*     | Requesting publication of SIF prior to Examiner action                     |          |
| 1305         | 1805         | 1,840*   | 1,840*   | Requesting publication of SIF after Examiner action                        |          |
| 1251         | 2251         | 110      | 55       | Extension for reply within first month                                     |          |
| 1252         | 2252         | 430      | 215      | Extension for reply within second month                                    |          |
| 1253         | 2253         | 980      | 490      | Extension for reply within third month                                     | 980.00   |
| 1254         | 2254         | 1,530    | 765      | Extension for reply within fourth month                                    |          |
| 1255         | 2255         | 2,080    | 1,040    | Extension for reply within fifth month                                     |          |
| 1401         | 2401         | 340      | 170      | Notice of Appeal   | 340.00   |
| 1402         | 2402         | 340      | 170      | Filing a brief in support of an appeal                                     |          |
| 1403         | 2403         | 300      | 150      | Request for oral hearing   |          |
| 1451         | 1451         | 1,510    | 1,510    | Petition to institute a public use proceeding                              |          |
| 1452         | 2452         | 110      | 55       | Petition to revive - unavoidable   |          |
| 1453         | 2453         | 1,370    | 685      | Petition to revive - unintentional   |          |
| 1501         | 2501         | 1,370    | 685      | Utility issue fee (or reissue)   |          |
| 1502         | 2502         | 490      | 245      | Design issue fee   |          |
| 1503         | 2503         | 660      | 330      | Plant issue fee  |          |
| 1460         | 1460         | 130      | 130      | Petitions to the Commissioner  |          |
| 1807         | 1807         | 50       | 50       | Processing fee under 37 CFR 1.17(a)  |          |
| 1808         | 1808         | 180      | 180      | Submission of Information Disclosure Sheet                                 |          |
| 18021        | 18021        | 40       | 40       | Recording each patent assignment per property (three number of properties) |          |
| 1809         | 2809         | 780      | 395      | Filing a submission after final rejection (37 CFR 1.123(a))                |          |
| 1810         | 2810         | 780      | 395      | For each additional invention to be examined (37 CFR 1.123(b))             |          |
| 1801         | 2801         | 790      | 395      | Request for Continued Examination (RCE)                                    |          |
| 1802         | 1802         | 900      | 900      | Request for expedited examination of a design application                  |          |

\*Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 1,320.00

## SUBMITTED BY

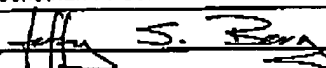
Name (Print/Type) Jonathan P. Osha

Registration No. 33,986

(Complete if applicable)

Telephone (713) 228-8600

Signature



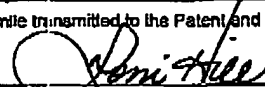
Date

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Dated: October 22, 2004

Signature:



(Toni A. Hill)